



IDAHO STATE BOARD OF ACCOUNTANCY
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E-Mail: isba@isba.idaho.gov
Web Site: isba.idaho.gov

OFFICE USE ONLY

Seq # _____
Batch # _____
Check # _____
Date _____
Amount _____

FEE: \$50.00
NON-REFUNDABLE

PRACTICE PRIVILEGES - INITIAL APPLICATION

An individual who holds an active license in another state, whose principal place of business is not in Idaho, may seek Practice Privileges in Idaho by completing and submitting this form. **Privileges must be renewed annually no later than July 1st.** Provide the following information (please print). Please provide both your residence and business address and place a check in the box next to the address you prefer we use. **Submit form with \$50.00 fee.**

NAME _____ DOB _____ SSN _____

☐ RESIDENCE ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

FIRM NAME _____

☐ BUSINESS ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

FAX _____ E-MAIL ADDRESS _____

LICENSED IN THE STATE(S) OF: _____ (Attach copy of license(s))

CERTIFIED TRUE STATEMENT – PLEASE READ CAREFULLY

Substantial Equivalency

I certify that I am licensed as a Certified Public Accountant in a state that has education, examination and experience requirements comparable to or exceeding such requirements in Idaho OR that my education, examination and experience qualifications are comparable to or exceed the requirements in Idaho.

Continuing Professional Education

I certify that I am in compliance with the continuing professional education requirements in the state where my principal place of business is located **OR** if my state has no CPE requirements, I will immediately inform the Idaho State Board of Accountancy in writing and comply with Idaho CPE requirements.

Firm Registration/Peer Review

I certify that I am in compliance with the firm registration and peer review requirements in the state where my principal place of business is located **OR** if my state has no firm registration and peer review requirements, I will immediately inform the Idaho State Board of Accountancy in writing and comply with Idaho firm registration and peer review requirements.

Principal Place Of Business

I do not have a principal place of business in Idaho. I agree to notify the Idaho State Board of Accountancy and submit a reciprocity license application immediately if I move my principal place of business to Idaho.

Compliance with Idaho Accountancy Act and Rules

I agree to comply with the Idaho Accountancy Act and Rules. I will submit to the investigative and disciplinary authority of the Idaho State Board of Accountancy if my actions are alleged violations of the Idaho Accountancy Act and Rules.

☐ **Yes** ☐ **No** Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.) If yes, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

☐ **Yes** ☐ **No** Have you had an application for license denied, or a license restricted, suspended, or revoked by any state or federal agency or governing or licensing board since filing your last Idaho renewal form?

Signature of Applicant

Date

Rev 12/05